

NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)
This form should be filed after the Committee qualifies as a multicandidate committee.

1. (a) NAME OF COMMITTEE IN FULL BRINGING LEADERSHIP BACK PAC		
(b) Number and Street Address PO BOX 2246		2. FEC IDENTIFICATION NUMBER C00448472
(c) City, State and ZIP Code WATERLOOIA50704		3. TYPE OF COMMITTEE (check one) <input type="checkbox"/> STATE PARTY <input checked="" type="checkbox"/> OTHER

I certify that **one** of the following situations is correct (complete line 4 *or* 5):

4. **STATUS BY AFFILIATION:** The committee submitted its Statement of Organization (FEC FORM 1) on _____ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: _____
FEC Identification Number: _____.

5. **STATUS BY QUALIFICATION:**

(a) **Candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

	Name	Office Sought	State/District	Date
(i)	Ann Barth	House	WV02	06/24/2008
(ii)	Becky Greenwald	House	IA04	06/24/2008
(iii)	Robert Lord	House	AZ03	06/26/2008
(iv)	BOBBY NEAL SR BRIGHT	House	AL02	07/23/2008
(v)	PAUL J. MR. CARMOUCHE	House	LA04	07/29/2008

(b) **Contributors:** The committee received a contribution from its 51st contributor on: 09/05/2012.

(c) **Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 04/08/2008.

(d) **Qualification:** The committee met the above requirements on: 09/05/2012.

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.		
TYPE OR PRINT NAME OF TREASURER Robert Tully	SIGNATURE OF TREASURER Robert Tully [Electronically Filed]	DATE 09/06/2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.